USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

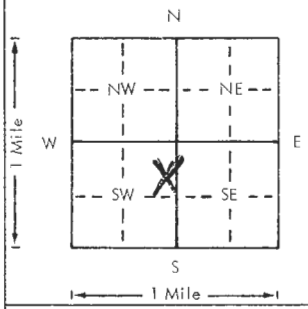
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Franklin	SE 1/4 SE 1/4 SW 1/4	4	T 16 S	R 19 E/~~W~~

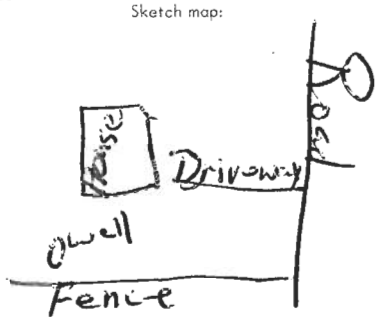
2. Distance and direction from nearest town or city: X
Street address of well location if in city: Centropolis

3. Owner of well: William C. Lantis
R.R. or street: RR4
City, state, zip code: Ottawa, Kan. 66067

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 6 1/4 in. Completion date 11-11-78
Well depth 80 ft. 9 to 20

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or ~~below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight sch 40 lbs./ft.
Dia. 6 1/4 in. to 20 ft. depth Wall Thickness: inches or sch 40
Dia. ____ in. to ____ ft. depth gage No. _____

5. Type and color of material	From	To
soil	0	5
yellow sand rock	5	32
grey sand rock	32	50
lime	50	56
grey sand	56	61
shald	61	80

(Use a second sheet if needed)

10. Screen: Manufacturer's name none
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
_____ ft. and _____ ft.
Gravel pack? no Size range of material _____

11. Static water level:
30 ft. below land surface Date 11-11-78 mo./day/yr.

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
____ Yes ____ No Date _____

14. Well head completion:
X Pitless adapter _____ Inches above grade

15. Well grouted? _____
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 3 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ____ Yes ____ No

17. Pump: ____ Not installed
Manufacturer's name Red Jacket
Model number 50N11BC HP 1/2 Volts 220
Length of drop pipe _____ ft. capacity ____ g.p.m.
Type:
X Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

18. Elevation: FDS
Topography:
____ Hill
X Slope
____ Upland
____ Valley

19. Remarks:
Just started a house no contamination as of yet.

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name Royce Swank Drilling License No. 371
Address RR1 Ottawa Kan. 66067
Signed Royce Swank Date 12-1-78
Authorized representative

16 19 E 4 SE SW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5